

Annex	CUP	Home Occ.	Interim Use	Move Building	Non – Conform	Plan Consid.	PUD	Variance
Driveway	Land Excavation		Land Fill	Rental		ROW	Sign	



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Fax: 952-873-5509
www.belleplainemn.com

Fee: \$300.00 Single-family Dwellings / \$500.00 all other applicants

VARIANCE REQUEST APPLICATION

PROPERTY	Address:	Belle Plaine, MN	P.I.N:
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Lot(s):	Block(s):	Subdivision:
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Zoning: _____

APPLICANT	<input type="checkbox"/> Owner	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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OWNER	Name:	Phone:
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Address:	Cell:
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E-mail:	Fax:
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Variance is requested to: _____

Ordinance in which variance is requested:	Section Number:	Subdivision Number:
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Description: _____

In your opinion, is the variance consistent with the purpose and intent of the ordinance? **Yes** **No**
Explain: _____

In your opinion, is the variance consistent with the comprehensive plan? **Yes** **No**
Explain: _____

In your opinion, does the proposal put property to use in a reasonable manner? **Yes** **No**
Explain: _____

In your opinion, are there circumstances unique to the property? **Yes** **No**
Explain: _____

In your opinion, will the variance maintain the essential character of the locality? **Yes** **No**
Explain: _____

SUBMISSION OF APPLICATION MUST INCLUDE:

- Attached site plan (to scale) depicting present and proposed improvements.

Within the time frame established by Minnesota Statutes section 15.99, following receipt of the completed application, the City Council shall render its decision granting or denying the variance. Such decision shall be accompanied by findings of fact and shall refer to any exhibits containing plans and specifications for the proposed variance. Such plans and specifications shall remain a part of the permanent records of the City Council. The findings of fact shall specify the reason or reasons for granting or denying the variance. The terms of relief granted shall be specifically set forth in a conclusion or statement separate from the findings of fact. In extenuating circumstances, extension of the sixty (60) days may be granted upon receipt of signed request from applicant.

An application for a variance shall be submitted to the Zoning Administrator. A nonrefundable application fee, established from time to time by the City Council to cover administrative costs and costs of the hearing, shall accompany each application. The application shall contain the following information, as well as such additional information as may be required by the Zoning Administrator:

- The applicant’s name and address.
- A site plan drawn to scale showing the property dimensions, existing and proposed buildings and other structures, existing and proposed grading, landscaping, easements and location of utilities, as applicable. The Zoning Administrator may require the applicant to obtain a certified survey at the time of application.
- The particular requirements of the Ordinance which prevent the proposed use or construction.
- The characteristics of the subject property which prevent compliance with the said requirements of the Ordinance.
- The minimum reduction of the requirements of the Ordinance which would be necessary to permit the proposed use or construction.
- The practical difficulty which would result if said particular requirements of this Ordinance were applied to the subject property.
- If the variance is part of an application for Commercial, Industrial, or Multiple-Family Residential Site Plan Approval, all of the submittal requirements for a Site Plan, Section 1103.07, shall also apply.

I certify that I am the applicant named herein; that I have familiarized myself with the rules and regulations with respect to preparing and filing this application that the foregoing statements and answers herein contained and the information on the attached maps or plot plans and any other documents submitted herewith are in all respects true and accurate to the best of my knowledge and behalf.

APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Zoning:	Application Fee:	Form of Payment:
		Date:
	<input type="checkbox"/> Site Plan	Transaction Number:
		Collected By:
Reviewed by Community Development Director	<input type="checkbox"/> Application Complete	Date:
Reviewed by Planning Commission	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Reviewed by City Council	<input type="checkbox"/> Tabled <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: